



Davis Spine & Orthopaedics

Spine and Orthopaedic Surgeon
Board Certified and Fellowship Trained

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Office Policies

Welcome to the office. We are dedicated to your well-being and hope that we can fulfill your needs. Please feel free to ask any questions and please let us know what your expectations are.

We make every effort to maintain our telephone service 24/7. During busy periods and after hours you may reach a recording. Please feel free to leave a message and it will be addressed promptly. Dial 911 in the event of an emergency; but, if it is essential that you reach the “physician on call,” follow the instructions on the recording.

This is an orthopaedic office. There are offices that focus on pain management. It is not the specialty of this office. Diagnosing and resolving the cause of a problem is our specialty. **We therefore rarely prescribe medication, especially narcotics.** In the event you receive a prescription, please consider it as temporary and please **count your pills**. We are happy to call in prescriptions or refills to pharmacies when indicated; however, it sometimes takes as long as two business days so, please **count your pills** so you do not run out. No prescriptions will be refilled after business hours or on weekends. This requires that you look ahead. **Count your pills**. Plan the use of your medication such that, should you need additional medications, you can call during regular office hours between Monday and Friday. Please **do not call the ‘on call physician’** for refills of medication. There will be a hundred and fifty dollar (\$150) fee for these calls and this fee will not likely be covered by your insurance.

Please remember your appointment day and time. Write it down. Put it on your home calendar. In order to operate the office efficiently and to serve you as promptly as possible, we ask that you **arrive at least fifteen minutes** before all scheduled appointments. On the other hand, should you arrive late for an appointment, it may be necessary to reschedule to be respectful of other scheduled appointments. Should it be necessary to miss an appointment, we expect a minimum of 24 hours notice in order that the time may be used by another patient. There is a fifty dollar (\$50) missed appointment fee for patients who fail to appear and do not provide 24 hours notice or who do not arrive on time. After three (3) missed appointments you will be dismissed from our practice. No matter how hard we try, there are those days when we get behind. Should you be in the office on one of those days, **please accept our apology**. We do make every effort. If you wish we will reschedule; but, if you can bear with us we appreciate it. Also do not leave the office thinking you have been rushed. Should you have any concerns/questions, let us know.

In addition to changes in your medical condition, it is important that you promptly notify us of changes in your name, address, phone number(s) and insurance.

Please bring with you, to all appointments, your ID, your valid insurance card if needed, a referral, co-pay and any materials that may help. This includes a list of your questions (please write them down - it really helps), a list of medications you are taking (prescribed, OTC and herbal), records/reports from other doctors, and images. Images on disc do not give the detail needed by this office.

Stop at the front desk as you leave each time. Give a staff member all the papers you were given. Copies need to be made for your chart. If you can, schedule your next appointment. Take with you all of your films unless you are pre-op. If left, they may be destroyed.

If you need a form completed, please understand this takes time, typically 10-14 business days, and there is a fee, of forty dollars (\$40) to be paid at the time the request is made.

If your condition is work related, please tell us and put it on the form. Workman's Comp is complicated and requires additional authorizations in order to be seen.

Cell phones are important. Please be understanding of others if you must use yours.

If you want a magazine article, tell us we will make a copy or give you the magazine.

Unfortunately we must charge forty dollars (\$40) for returned checks.

We strive for excellent service. If you have a suggestion or are unhappy please tell us. We will listen.

I acknowledge that I have read and received a copy, if requested,

(Patient signature)

(Date)